

He also complained of numbing and tingling pain in the left wrist. It occurs between one half and three fourths of the time when he is awake, and causes *serious* diminution in his capacity to carry out daily activities.

HISTORY:

Mr. Thibodeau indicated that he had not experienced prior symptoms similar to his current complaints, and was symptom free at the time of the aforementioned accident/onset of May 3, 2008.

I have determined that Mr. Thibodeau's history has not contributed to his present condition.

ACTIVITIES OF DAILY LIVING ASSESSMENT:

Based on an assessment of Mr. Thibodeau's history, along with his subjective complaints, objective findings, and other test results, it is evident from a standpoint of medical certainty, that his current condition did result from the type of injury/onset described in this report. He reported suffering varying degrees of losses of functional capacity with the following activities:

With regard to *Self Care and Personal Hygiene*, Mr. Thibodeau stated: bathing, showering, putting on his shoes, tying his shoes and putting on his pants can be managed by himself, despite marked pain.

With regard to *Physical Activity*, Mr. Thibodeau stated: standing, walking, stooping, squatting, kneeling, bending forward, bending backward, bending to the left, bending to the right, twisting to the left and twisting to the right can be managed alone, despite marked pain.

Regarding *Sleeping*, he stated: his ability to sleep a normal, restful nights sleep is moderately restricted by his condition.

GENERAL PHYSICAL EXAMINATION:

Mr. Thibodeau is a right-handed 28 year-old mentally alert and cooperative male.

Date of Birth: December 18, 1979.

His superficial appearance suggested he was in distress.

Stature: Well developed.

Blood Pressure (Left Side): 120/78 mm Hg. On the left side, Mr. Thibodeau's blood pressure measurement was normal.

Blood Pressure (Right Side): 120/80 mm Hg. On the right side, Mr. Thibodeau's blood pressure measurement was normal.

Pulse Rate (resting): 69 beats per minute (normal).

Deep Tendon Reflexes: An examination of the deep tendon reflexes of the upper and lower extremities was performed in relation to the cervical and lumbar nerve roots, which showed them reacting within normal limits with approximately equal strength, one side being compared to the other.

RANGE OF MOTION STUDIES:

The following joint range of motion calculations and analyses were performed to determine Mr.

Thibodeau's present condition with regard to joint motion.

<u>Cervical Spine:</u>	<u>Angle</u>	<u>Analysis</u>
Flexion	30 degrees	Norm is 50 degrees.
Pain and spasms were both present.		
Extension	25 degrees	Norm is 60 degrees.
This caused both pain and spasms.		
Left Lateral Flexion	15 degrees	Norm is 45 degrees.
This caused both pain and spasms.		
Right Lateral Flexion	30 degrees	Norm is 45 degrees.
Pain and spasms were both present.		
Left Rotation	40 degrees	Norm is 80 degrees.
This test brought on both pain and spasms.		
Right Rotation	40 degrees	Norm is 80 degrees.
Pain and spasms were both present.		
<u>Lumbar Spine:</u>	<u>Angle</u>	<u>Analysis</u>
True Lumbar Flexion	40 degrees	Moderate restriction: norm is 60+
True Lumbar Extension	15 degrees	Moderate restriction: norm is 25
degrees.		
Left Lateral Flexion	10 degrees	Marked restriction: norm is 25 degrees.
This test brought on both pain and spasms.		
Right Lateral Flexion	20 degrees	Slight restriction: norm is 25 degrees.
Pain and spasms were both present.		

Extremities Range of Motion Measurements:

<u>Upper Extremity:</u>	<u>Angle</u>	<u>Analysis</u>
<u>Wrist:</u>		
Flexion (Left)	20 degrees	Normal flex. is 60.
Extension (Left)	30 degrees	Normal ext. is 60.
Rad. Deviation (Left)	10 degrees	Norm is 20.
Ulnar Deviation (Left)	10 degrees	Norm is 30.
<u>Lower Extremity:</u>	<u>Angle</u>	<u>Analysis</u>
<u>Ankle:</u>		
Plantar Flexion (Right)	15 degrees	Normal flexion is 21.
Ext. (Dorsiflexion-R.)	7 degrees	Norm is 10.

NEUROLOGICAL EVALUATION:

Pathologic Reflexes Tests:

Babinski Reflex was negative.

Posterior Column Disorders:

The Finger to Finger Test was negative. The Finger to Nose Test was negative. Romberg's Sign was not present.

Sensory Deficit Testing:

All upper extremity dermatomes tested were normal with no loss of sensibility, abnormal sensation, or pain noted.

All lower extremity dermatomes were found to be within normal limits with no loss of sensibility, abnormal sensation, or pain noted.

ORTHOPEDIC EVALUATION:

Cervical Lesion Tests:

The Jackson Compression Test was positive on the right side. The Maximum Cervical Compression Test was positive on the right side. The Shoulder Depression Test was positive on the right side. Valsalva Maneuver was positive on the right side.

Sacroiliac Lesion Tests:

Yeoman's Test was positive on the right side.

Sciatic Nerve Lesion Tests:

Bragard's Sign was positive on the right side. The **Lasegue (Straight Leg Raise) Test** was positive on the right side. On this patient, moderate pain at was elicited at 45 degrees, which may indicate low back radiculopathy or possibly a lumbar disk lesion.

Intervertebral Disc Syndromes:

Kemp's Test was positive on the right side. The **Sitting Root Test** was positive on the right side.

PALPATION EVALUATION:

Palpation, which is an examination using the hands, was performed to evaluate Mr. Thibodeau's response to pressure and to examine tissue consistency.

Paraspinal Studies:

Palpation of the left suboccipital muscle group of the neck demonstrated moderate pain. The right suboccipital muscle group of the neck revealed severe pain. Palpating the left paracervical muscles revealed moderate pain. The right paracervical muscles demonstrated severe pain.

Palpation of the left upper thoracic group of the dorsum disclosed moderate pain. The right upper thoracic group of the dorsum revealed severe pain. Palpation of the left mid thoracic group disclosed moderate pain. The right mid thoracic group revealed severe pain. Palpation of the left thoracolumbar group disclosed moderate pain. The right thoracolumbar group revealed severe pain.

Palpating the left iliolumbar group of the low back disclosed moderate pain. The right iliolumbar group of the low back revealed severe pain.

Trigger Point Studies:

The left trapezius muscle group disclosed active trigger points. The right trapezius muscle group elicited active trigger points. The left rhomboid muscle group revealed tender trigger points. The right rhomboid muscle group disclosed active trigger points. Palpating the left mid scapular muscles revealed active trigger points. The right mid scapular muscles disclosed active trigger points.

FUTURE CARE PLAN:

Present Care Phase: Mr. Thibodeau is presently in a relief phase of care.

Future Treatment Plan: Mr. Thibodeau's future care plan includes ultrasound, moist heat therapy, physiotherapy, EMS (electrical muscle stimulation), massage therapy and spinal manipulation three times a week for four weeks.

Goals of Treatment Plan: Our goals for the above proposed treatment plan are decreasing pain, decreasing swelling and inflammation, decreasing spasms, increasing the ability to perform normal activities of daily living, increasing strength, returning the patient to his pre-clinical status, increasing function, stabilizing segments, correcting muscle imbalance, achieving maximum medical improvement, increasing flexibility and improving alignment.

Prognosis: Unknown at this time.

JAN-01-2005 SAT 10:49 PM SUDOWSKI

FAX NO. 1804479444

P. 05/05

If my office can be of further assistance regarding Mr. Thibodeau please do not hesitate to contact me.

Sincerely,


MANAL MENA, D.C. IME

TRINITY CHIROPRACTIC LLC
1100 DIXWELL AVE. HAMDEN, CT 06517
TEL (203) 787-2000 FAX (203) 458-7780

August 05, 2008

Wanbolt & Tolomeo, LLC

FINAL EXAMINATION

Re: Thibodeau, Jeffrey
Date of Injury/Onset: May 3, 2008
Date of Initial Exam: May 9, 2008
Date of Discharge: July 31, 2008

To Whom it May Concern:

On May 9, 2008, Mr. Jeffrey Thibodeau presented himself for a re-examination and evaluation of his complaints coming from a slip and fall accident that he was involved in on May 3, 2008.

GENERAL PHYSICAL EXAMINATION:

Mr. Thibodeau is a 28 year-old mentally alert and cooperative male.

His superficial appearance did not indicate any obvious distress. There was no apparent spine tilt with him standing upright.

Gait: His walk revealed no antalgic gait.

Deep Tendon Reflexes: An examination of the deep tendon reflexes of the upper and lower extremities was performed in relation to the cervical and lumbar nerve roots, which showed them reacting within normal limits with approximately equal strength, one side being compared to the other.

RANGE OF MOTION STUDIES:

Cervical Spine:

	<u>Angle</u>
Flexion	50 degrees
Extension	60 degrees
Left Lateral Flexion	45 degrees
Right Lateral Flexion	45 degrees
Left Rotation	80 degrees
Right Rotation	80 degrees

Analysis

No restriction: norm is 50 degrees.
No restriction: norm is 60 degrees.
No restriction: norm is 45 degrees.
No restriction: norm is 45 degrees.
No restriction: norm is 80 degrees.
No restriction: norm is 80 degrees.

Lumbar Spine:

	<u>Angle</u>
Lumbar Flexion	70 degrees
Lumbar Extension	25 degrees
L. Straight Leg Raise	90 degrees
R. Straight Leg Raise	90 degrees
Left Lateral Flexion	25 degrees
Right Lateral Flexion	25 degrees

Analysis

No restriction: norm is 60+
No restriction: norm is 25 degrees.

No restriction: norm is 25 degrees.
No restriction: norm is 25 degrees.

Extremities Range of Motion Measurements:

Upper Extremity:

	<u>Angle</u>
<u>Wrist:</u>	
Flexion (Left)	50 degrees

Analysis

Normal flex. is 60.

Extension (Left)	50 degrees	Normal ext. is 60.
Rad. Deviation (Left)	15 degrees	Norm is 20.
Ulnar Deviation (Left)	30 degrees	Norm is 30.
<u>Lower Extremity:</u>	<u>Angle</u>	<u>Analysis</u>
<u>Ankle:</u>		
Plantar Flexion (Right)	20 degrees	Normal flexion is 21.
Ext. (Dorsiflexion-R.)	10 degrees	Norm is 10.

NEUROLOGICAL EVALUATION:**Pathologic Reflexes Tests:**

Babinski Reflex was negative.

Posterior Column Disorders:

The Finger to Finger Test was negative. The Finger to Nose Test was negative. The Heel-Knee Test was negative. Romberg's Sign was not present.

ORTHOPEDIC EVALUATION:**Cervical Lesion Tests:**

The Cervical Distraction Test was negative. The Jackson Compression Test was negative. The Maximum Cervical Compression Test was negative. The Shoulder Depression Test was negative.

Sacroiliac Lesion Tests:

Yerman's Test was negative.

Sciatic Nerve Lesion Tests:

Bragard's Sign was negative. The Lasague (Straight Leg Raise) Test was negative, as both legs could be straight leg raised to 90 degrees without pain.

Intervertebral Disc Syndromes:

Keimp's Test was negative.

PALPATION EVALUATION:

Palpation, which is an examination using the hands, was performed to evaluate Mr. Thibodeau's response to pressure and to examine tissue consistency.

Paraspinal Studies:

Palpation of the left suboccipital muscle group of the neck demonstrated slight pain and tenderness. The right suboccipital muscle group of the neck revealed slight pain and tenderness. Palpating the left paracervical muscles revealed slight pain and tenderness. The right paracervical muscles demonstrated slight pain and tenderness.

Palpation of the left upper thoracic group of the dorsum disclosed slight pain and tenderness. The right upper thoracic group of the dorsum revealed slight pain and tenderness. Palpation of the left mid thoracic group disclosed slight pain and tenderness. The right mid thoracic group revealed slight pain and tenderness. Palpation of the left thoracolumbar group disclosed slight pain and tenderness. The right thoracolumbar group revealed slight pain and tenderness.

Trigger Point Studies:

The left trapezius muscle group disclosed slight pain and tenderness. The right trapezius muscle group elicited slight pain and tenderness. The left rhomboid muscle group revealed slight pain and tenderness. The right rhomboid muscle group disclosed slight pain and tenderness. Palpating the left mid scapular muscles revealed slight pain and tenderness. The right mid scapular muscles disclosed slight pain and tenderness.

PROGNOSIS:

The patient's prognosis at this time is good but guarded.

CLOSING COMMENTS:

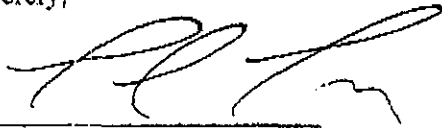
Mr. Thibodeau has been under my care for injuries resulting from a slip and fall. He has been coming for his treatments as recommended to do so. As noted above, his condition has improved as a result of our treatments.

The patient could therefore remain intermittently symptomatic for a prolonged period of time. May required periodical medical treatment on an as needed basis. And, it is my opinion as well as the opinion of many other experts/authorities, and studies done and documented on similar cases (available upon request). That the need for such additional treatment is casually related to the injuries sustained and probably would not be necessary had the accident/injury not occurred.

Although I have discharged this patient, he was advised to return to this office on an as needed basis should pain recur or aggravated.

If my office can be of further assistance regarding Mr. Thibodeau, please do not hesitate to contact me.

Sincerely,



MANAL MENA, D.C. IME

Dr. Manal Meria
1100 Dixwell Ave.
Hamden, CT 06517
(203) 787-2000

Statement

10/5/2008
Page 1 of 2

JEFFERY THIBODEAU
32 SYCAMORE WAY
WALLINGFORD, CT 06492

For Professional Services Rendered

Date	Service	Charge	Co-Pay	Ins Pay	Adjustment	Running Bal
05/09/2008	99202 Initial Evaluation w/exam	\$135.00	\$0.00	\$0.00	\$0.00	\$135.00
05/09/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$210.00
05/09/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$247.00
05/09/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$284.00
05/13/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$359.00
05/13/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$396.00
05/13/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$433.00
05/14/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$508.00
05/14/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$545.00
05/14/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$582.00
05/15/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$657.00
05/15/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$694.00
05/15/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$731.00
05/20/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$806.00
05/20/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$843.00
05/20/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$880.00
05/22/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$955.00
05/22/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$992.00
05/22/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,029.00
05/28/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,104.00
05/28/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,141.00
05/28/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,178.00
06/03/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,253.00
06/03/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,290.00
06/03/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,327.00
06/04/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,402.00
06/04/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,439.00
06/04/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,476.00
06/05/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,551.00
06/05/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,588.00
06/05/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,625.00
06/17/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,700.00
06/17/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,737.00
06/17/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,774.00
06/19/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,849.00
06/19/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,886.00
06/19/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,923.00

09/05/2008 14:22

1-203-777-8919

Exhibit(s)

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GENERAL PRACTITIONER

PAGE 02

Dr. Manal Mena
 1100 Dixwell Ave.
 Hamden, CT 06517
 (203) 737-2000

Statement

10/5/2008
 Page 2 of 2

JEFFERY THIBODEAU
 32 SYCAMORE WAY
 WALLINGFORD, CT 06492

For Professional Services Rendered

Date	Service	Charge	Co-Pay	Ins Pay	Adjustment	Running Bal
06/24/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,998.00
06/24/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,035.00
06/24/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,072.00
06/26/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,147.00
06/26/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,184.00
06/26/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,221.00
07/01/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,296.00
07/01/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,333.00
07/01/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,370.00
07/03/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,445.00
07/03/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,482.00
07/03/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,519.00
07/09/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,594.00
07/09/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,631.00
07/09/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,668.00
07/22/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,743.00
07/22/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,780.00
07/22/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,817.00
07/23/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,892.00
07/23/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,929.00
07/23/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,966.00
07/31/2008	99203 Initial Evaluation w/ History and Exam	\$210.00	\$0.00	\$0.00	\$0.00	\$3,176.00
Totals		\$3,176.00	\$0.00	\$0.00	\$0.00	\$3,176.00

Please Pay This Amount: \$3,176.00

National Elevator Industry
Health Benefit Plan
19 Campus Blvd.
Suite 200
Newtown Square, PA 19073-3288



Forwarding Service Requested

3-DIGIT 064

9394 0.8496 AT 0.346



JEFFREY R THIBODEAU
32 SYCAMORE WAY
WALLINGFORD, CT 06492-4381

38

If you have any questions, please call
1-800-CLAIM11

Date: 08/12/08

ENV 9394 1 OF 4

Explanation of Medical Benefits

Line	Dates of Service	Service Description	Amount Charged	Not Covered	Provider Discount	Remark Codes	Amount Allowed	Deductible %	Plan Pays	Other Payment	Patient Amount
Claim #: YCP964		Patient: JEFFREY R THIBODEAU			Patient Acct #: THH0000001		Payee #: 203569157				
Birth Date: 12/18/79		Member: JEFFREY R THIBODEAU			Member #: 801053005		Provider Name: REZA MOJEN MD INTERNAL				
01	07/31/08-07/31/08	PHYSICIAN VISIT	100.00	0.00	22.64		77.36	0.00 100	77.36	0.00	0.00
TOTALS			100.00	0.00	22.64		77.36	0.00	77.36	0.00	0.00

Total Plan Pays: 77.36
Less COB Adjustment: 0.00
Less Prior Payment Adjustment: 0.00
Total Benefits Paid: 77.36

Claim #: YCP965		Patient: JEFFREY R THIBODEAU		Patient Acct #: 999999999		Payee #: 134356089				
Birth Date: 12/18/79		Member: JEFFREY R THIBODEAU		Member #: 801053005		Provider Name: GUILFORD CHIROPRACTIC W				
01	05/28/08-05/28/08	MANIPULATION	75.00	0.00	28.00	47.00	0.00 100	47.00	0.00	0.00
02	06/03/08-06/03/08	MANIPULATION	75.00	0.00	28.00	47.00	0.00 100	47.00	0.00	0.00
03	05/28/08-05/28/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00 0	0.00	0.00	0.00
04	05/28/08-05/28/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00 0	0.00	0.00	0.00
05	06/03/08-06/03/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00 0	0.00	0.00	0.00
06	06/03/08-06/03/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00 0	0.00	0.00	0.00
TOTALS			298.00	0.00	204.00	94.00	0.00	94.00	0.00	0.00

Total Plan Pays: 94.00
Less COB Adjustment: 0.00
Less Prior Payment Adjustment: 0.00
Total Benefits Paid: 94.00

Claim #: YCP966		Patient: JEFFREY R THIBODEAU			Patient Acct. #: 999999999		Payee #: 134356089		Provider Name: GUILFORD CHIROPRACTIC W			
Birth Date: 12/18/79		Member: JEFFREY R THIBODEAU			Member #: 801053005							
01	05/09/08-05/09/08	PHYSICIAN VISIT	135.00	0.00	88.00	126	47.00	0.00	100	47.00	0.00	0.00
02	05/13/08-05/13/08	MANIPULATION	75.00	0.00	28.00		47.00	0.00	100	47.00	0.00	0.00
03	05/09/08-05/09/08	MANIPULATION	75.00	0.00	75.00		0.00	0.00	0	0.00	0.00	0.00
04	05/09/08-05/09/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00	0	0.00	0.00	0.00
05	05/09/08-05/09/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00	0	0.00	0.00	0.00
06	05/13/08-05/13/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00	0	0.00	0.00	0.00
TOTALS			396.00	0.00	302.00		94.00	0.00		94.00	0.00	0.00

Total Plan Pays: 94.00
Less COB Adjustment: 0.00
Less Prior Payment Adjustment: 0.00
Total Benefits Paid: 94.00

Claim #: YCP967		Patient: JEFFREY R THIBODEAU			Patient Acct #: 999999999		Payee #: 134356089		Provider Name: GUILFORD CHIROPRACTIC W			
Birth Date: 12/18/79		Member: JEFFREY R THIBODEAU			Member #: 801053005							
01	07/09/08-07/09/08	MANIPULATION	75.00	0.00	28.00		47.00	0.00	100	47.00	0.00	0.00
02	07/09/08-07/09/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00	0	0.00	0.00	0.00
03	07/09/08-07/09/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00	0	0.00	0.00	0.00
TOTALS			149.00	0.00	102.00		47.00	0.00		47.00	0.00	0.00

Total Plan Pays: 47.00
Less COB Adjustment: 0.00
Less Prior Payment Adjustment: 0.00
Total Benefits Paid: 47.00

200808130101

National Elevator Industry
Health Benefit Plan
19 Campus Blvd.
Suite 200
Newtown Square, PA 19073-3288



If you have any questions, please call
1-800-CLAIM11

Date: 08/12/08

ENV 9394 2 OF 4

Explanation of Medical Benefits

Line	Dates of Service	Service Description	Amount Charged	Not Covered	Provider Discount	Remark Codes	Amount Allowed	Deductible %	Plan Pays	Other Payment	Patient Amount
Claim #: YCF968 Patient: JEFFREY R THIBODEAU Patient Acct. #: 999999999 Payee #: 134356089 Birth Date: 12/18/79 Member: JEFFREY R THIBODEAU Member #: 801053005 Provider Name: GUILFORD CHIROPRACTIC W											
01	05/13/08-05/13/08	PHYS MED THERPY	37.00	0.00	0.00		47.00	0.00 100	47.00	0.00	0.00
TOTALS			37.00	0.00	0.00		47.00	0.00	47.00	0.00	0.00

Total Plan Pays: 47.00
Less COB Adjustment: 0.00
Less Prior Payment Adjustment: 0.00
Total Benefits Paid: 47.00

Claim #: YCF969 Patient: JEFFREY R THIBODEAU Patient Acct. #: 999999999 Payee #: 134356089 Birth Date: 12/18/79 Member: JEFFREY R THIBODEAU Member #: 801053005 Provider Name: GUILFORD CHIROPRACTIC W											
01	07/01/08-07/01/08	MANIPULATION	75.00	0.00	28.00		47.00	0.00 100	47.00	0.00	0.00
02	07/03/08-07/03/08	MANIPULATION	75.00	0.00	28.00		47.00	0.00 100	47.00	0.00	0.00
03	07/01/08-07/01/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00 0	0.00	0.00	0.00
04	07/01/08-07/01/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00 0	0.00	0.00	0.00
05	07/03/08-07/03/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00 0	0.00	0.00	0.00
06	07/03/08-07/03/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00 0	0.00	0.00	0.00
TOTALS			298.00	0.00	204.00		94.00	0.00	94.00	0.00	0.00

Total Plan Pays: 94.00
Less COB Adjustment: 0.00
Less Prior Payment Adjustment: 0.00
Total Benefits Paid: 94.00

Claim #: YCF970 Patient: JEFFREY R THIBODEAU Patient Acct. #: 999999999 Payee #: 134356089 Birth Date: 12/18/79 Member: JEFFREY R THIBODEAU Member #: 801053005 Provider Name: GUILFORD CHIROPRACTIC W											
01	05/14/08-05/14/08	MANIPULATION	75.00	0.00	28.00		47.00	0.00 100	47.00	0.00	0.00
02	05/15/08-05/15/08	MANIPULATION	75.00	0.00	28.00		47.00	0.00 100	47.00	0.00	0.00
03	05/14/08-05/14/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00 0	0.00	0.00	0.00
04	05/14/08-05/14/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00 0	0.00	0.00	0.00
05	05/15/08-05/15/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00 0	0.00	0.00	0.00
06	05/15/08-05/15/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00 0	0.00	0.00	0.00
TOTALS			298.00	0.00	204.00		94.00	0.00	94.00	0.00	0.00

Total Plan Pays: 94.00
Less COB Adjustment: 0.00
Less Prior Payment Adjustment: 0.00
Total Benefits Paid: 94.00

Claim #: YCF971 Patient: JEFFREY R THIBODEAU Patient Acct. #: 999999999 Payee #: 134356089 Birth Date: 12/18/79 Member: JEFFREY R THIBODEAU Member #: 801053005 Provider Name: GUILFORD CHIROPRACTIC W											
01	06/04/08-06/04/08	MANIPULATION	75.00	0.00	28.00		47.00	0.00 100	47.00	0.00	0.00
02	06/05/08-06/05/08	MANIPULATION	75.00	0.00	28.00		47.00	0.00 100	47.00	0.00	0.00
03	06/04/08-06/04/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00 0	0.00	0.00	0.00
04	06/04/08-06/04/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00 0	0.00	0.00	0.00
05	06/05/08-06/05/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00 0	0.00	0.00	0.00
06	06/05/08-06/05/08	PHYS MED THERPY	37.00	0.00	37.00		0.00	0.00 0	0.00	0.00	0.00

P8504014001

200808130101
National Elevator Industry
Health Benefit Plan
19 Campus Blvd.
Suite 200
Newtown Square, PA 19073-3288



If you have any questions, please call
1-800-CLAIM11

Date: 08/12/08

Explanation of Medical Benefits

Line	Dates of Service	Service Description	Amount Charged	Not Covered	Provider Discount	Remark Codes	Amount Allowed	Deductible %	Plan Pays	Other Payment	Patient Amount
TOTALS			298.00	0.00	204.00		94.00	0.00	94.00	0.00	0.00

Total Plan Pays: 94.00
Less COB Adjustment: 0.00
Less Prior Payment Adjustment: 0.00
Total Benefits Paid: 94.00

Claim #: YCP972		Patient: JEFFREY R THIBODEAU			Patient Acct. #: 999999999		Payee #: 134356089				
Birth Date: 12/18/79		Member: JEFFREY R THIBODEAU			Member #: 801053005		Provider Name: GUILFORD CHIROPRACTIC W				
01	06/24/08-06/24/08	MANIPULATION	75.00	0.00	28.00	47.00	0.00	100	47.00	0.00	0.00
02	06/26/08-06/26/08	MANIPULATION	75.00	0.00	28.00	47.00	0.00	100	47.00	0.00	0.00
03	06/24/08-06/24/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00	0	0.00	0.00	0.00
04	06/24/08-06/24/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00	0	0.00	0.00	0.00
05	06/26/08-06/26/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00	0	0.00	0.00	0.00
06	06/26/08-06/26/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00	0	0.00	0.00	0.00
TOTALS			298.00	0.00	204.00	94.00	0.00		94.00	0.00	0.00

Total Plan Pays: 94.00
Less COB Adjustment: 0.00
Less Prior Payment Adjustment: 0.00
Total Benefits Paid: 94.00

Claim #:	YCP973	Patient:	JEFFREY R THIBODEAU			Patient Acct. #:	999999999			Payee #:	134356089		
Birth Date:	12/18/79	Member:	JEFFREY R THIBODEAU			Member #:	801053005			Provider Name:	GUILFORD CHIROPRACTIC W		
01	05/20/08-05/20/08	MANIPULATION	75.00	0.00	28.00	47.00	0.00	100	47.00	0.00	0.00		
02	05/22/08-05.22/08	MANIPULATION	75.00	0.00	28.00	47.00	0.00	100	47.00	0.00	0.00		
03	05/20/08-05/20/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00	0	0.00	0.00	0.00		
04	05/20/08-05.20/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00	0	0.00	0.00	0.00		
05	05/22/08-05/22/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00	0	0.00	0.00	0.00		
06	05/22/08-05/22/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00	0	0.00	0.00	0.00		
TOTALS			298.00	0.00	204.00	94.00	0.00		94.00	0.00	0.00		

Total Plan Pays: 94.00
Less COB Adjustment: 0.00
Less Prior Payment Adjustment: 0.00
Total Benefits Paid: 94.00

Claim #: YCP974		Patient: JEFFREY R THIBODEAU		Patient Acct. #: 099999999		Payee #: 134356089	
Birth Date: 12/18/79		Member: JEFFREY R THIBODEAU		Member #: 801053005		Provider Name: GUILFORD CHIROPRACTIC W	
01	06/17/08-06/17/08	MANIPULATION	75.00	0.00	28.00	47.00	0.00 100 47.00 0.00 0.00
02	06/19/08-06/19/08	MANIPULATION	75.00	0.00	28.00	47.00	0.00 100 47.00 0.00 0.00
03	06/17/08-06/17/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00 0 0.00 0.00 0.00
04	06/17/08-06/17/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00 0 0.00 0.00 0.00
05	06/19/08-06/19/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00 0 0.00 0.00 0.00
06	06/19/08-06/19/08	PHYS MED THERPY	37.00	0.00	37.00	0.00	0.00 0 0.00 0.00 0.00
TOTALS			298.00	0.00	204.00	94.00	0.00 94.00 0.00 0.00

Total Plan Pays: 94.00
Less COB Adjustment: 0.00
Less Prior Payment Adjustment: 0.00
Total Benefits Paid: 94.00

pg 501 of 401

100
20000131010
National Elevator Industry
Health Benefit Plan
19 Campus Blvd.
Suite 200
Newtown Square, PA 19073-3288



If you have any questions, please call
1-800-CLAIM11

Date: 08/12/08

Explanation of Medical Benefits

Line	Dates of Service	Service Description	Amount Charged	Not Covered	Provider Discount	Remark Codes	Amount Allowed	Deductible	%	Plan Pays	Other Payment	Patient Amount
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Payment To			Amount	Check Number
REZA MOIEN MD INTERNAL ME			77.36	2224750
GUILFORD CHIROPRACTIC WEL			94.00	2224732
GUILFORD CHIROPRACTIC WEL			94.00	2224732
GUILFORD CHIROPRACTIC WEL			47.00	2224732
GUILFORD CHIROPRACTIC WEL			47.00	2224732
GUILFORD CHIROPRACTIC WEL			94.00	2224732
GUILFORD CHIROPRACTIC WEL			94.00	2224732
GUILFORD CHIROPRACTIC WEL			94.00	2224732
GUILFORD CHIROPRACTIC WEL			94.00	2224732
GUILFORD CHIROPRACTIC WEL			94.00	2224732
GUILFORD CHIROPRACTIC WEL			94.00	2224732

Claim #	Code	Messages
YCF965		CHIROPRACTIC BENEFITS ARE LIMITED TO 28 MEDICALLY NECESSARY VISITS PER CALENDAR YEAR. CHIROPRACTIC BENEFITS ARE AVAILABLE FOR THE TREATMENT OF INJURIES AND ILLNESSES OF THE NEUROMUSCULOSKELETAL SYSTEM ONLY.
YCF966	126	THIS SERVICE IS COVERED 2x PER CALENDAR YEAR.
YCF967		CHIROPRACTIC BENEFITS ARE LIMITED TO 28 MEDICALLY NECESSARY VISITS PER CALENDAR YEAR. CHIROPRACTIC BENEFITS ARE AVAILABLE FOR THE TREATMENT OF INJURIES AND ILLNESSES OF THE NEUROMUSCULOSKELETAL SYSTEM ONLY.
YCF969		CHIROPRACTIC BENEFITS ARE LIMITED TO 28 MEDICALLY NECESSARY VISITS PER CALENDAR YEAR. CHIROPRACTIC BENEFITS ARE AVAILABLE FOR THE TREATMENT OF INJURIES AND ILLNESSES OF THE NEUROMUSCULOSKELETAL SYSTEM ONLY.
YCF970		CHIROPRACTIC BENEFITS ARE LIMITED TO 28 MEDICALLY NECESSARY VISITS PER CALENDAR YEAR. CHIROPRACTIC BENEFITS ARE AVAILABLE FOR THE TREATMENT OF INJURIES AND ILLNESSES OF THE NEUROMUSCULOSKELETAL SYSTEM ONLY.
YCF971		CHIROPRACTIC BENEFITS ARE LIMITED TO 28 MEDICALLY NECESSARY VISITS PER CALENDAR YEAR. CHIROPRACTIC BENEFITS ARE AVAILABLE FOR THE TREATMENT OF INJURIES AND ILLNESSES OF THE NEUROMUSCULOSKELETAL SYSTEM ONLY.
YCF972		CHIROPRACTIC BENEFITS ARE LIMITED TO 28 MEDICALLY NECESSARY VISITS PER CALENDAR YEAR. CHIROPRACTIC BENEFITS ARE AVAILABLE FOR THE TREATMENT OF INJURIES AND ILLNESSES OF THE NEUROMUSCULOSKELETAL SYSTEM ONLY.
YCF973		CHIROPRACTIC BENEFITS ARE LIMITED TO 28 MEDICALLY NECESSARY VISITS PER CALENDAR YEAR. CHIROPRACTIC BENEFITS ARE AVAILABLE FOR THE TREATMENT OF INJURIES AND ILLNESSES OF THE NEUROMUSCULOSKELETAL SYSTEM ONLY.
YCF974		CHIROPRACTIC BENEFITS ARE LIMITED TO 28 MEDICALLY NECESSARY VISITS PER CALENDAR YEAR. CHIROPRACTIC BENEFITS ARE AVAILABLE FOR THE TREATMENT OF INJURIES AND ILLNESSES OF THE NEUROMUSCULOSKELETAL SYSTEM ONLY.

If your claim for benefits has been denied, in whole or in part, you may request the Board of Trustees to review the benefit denial. To file an appeal, please follow the steps as outlined in your Summary Plan Description. Your written appeal must be submitted within 180 days of receiving this notice and include your name and address, your Member Identification Number and the reason(s) for your appeal.

Sent By: CT HEALTH & INJURY;

Exhibit(s) Page 14 of 19
2038745287;

Aug-31-09 12:52PM;

Page 1

INS CHARGES ONLY

I T E M I Z E D S T A T E M E N T

CLAIM:

DATE: 08/31/2009

PATIENT: JOSEPH MATTEIS 116923
8 NOBLE ST
HAMDEN CT 06514

IRS#: 061412712

EMPLOYER:

POL#

DATE/INJ: 05/18/2008 GRP#

TO: ATTORNEY ALBERT WAMBOLT
P.O. BOX 2037
NORTH HAVEN CT 06473OMNI PHYSICAL AQUATIC THERAPY CENTER
8 RESEARCH PARKWAY
WALLINGFORD CT 06492
203-294-1998 Fax:203-294-1189DIAGNOSIS:
723.4

847.0

840.9

842.12

FC: INSURANCE

DATE OF LAST BILL: 04/30/2009 PR# 1487752770 ID# 050001202CT04

DATE	CPT	DESCRIPTION	* POS	TOS	#	AMOUNT
05/23/2008	99080	NARRATIVE REPORT FEE	11	1	1	250.00
05/23/2008	99203	NEW PATIENT EXAM	11	1	1	155.00
05/23/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
05/23/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
05/27/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
05/27/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
05/27/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
05/28/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
05/28/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
05/28/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
05/28/2008	97035	ULTRASOUND	11	1	1	35.00
06/02/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
06/02/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
06/02/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
06/04/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
06/04/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
06/04/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
06/05/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
06/05/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
06/05/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
07/01/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
07/01/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
07/01/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
07/08/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
07/08/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
07/08/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
07/10/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00

CONTINUED

SUBTOTAL:

1,400.00

INS CHARGES ONLY

ITEMIZED STATEMENT

CLAIM:

DATE: 08/31/2009

PATIENT: JOSEPH MATTEIS 116923
8 NOBLE ST
HAMDEN CT 06514

IRS#: 061412712

EMPLOYER:

POL#
DATE/INJ: 05/18/2008 GRP#

TO: ATTORNEY ALBERT WAMBOLT
P.O. BOX 2037
NORTH HAVEN CT 06473

OMNI PHYSICAL AQUATIC THERAPY CENTER
8 RESEARCH PARKWAY
WALLINGFORD CT 06492
203-294-1998 Fax:203-294-1189

DIAGNOSIS:
723.4

847.0

840.9

842.12

FC: INSURANCE

DATE OF LAST BILL: 04/30/2009 PR# 1487752770 ID# 050001202CT04

DATE	CPT	DESCRIPTION	* POS	TOS	#	AMOUNT
07/10/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
07/10/2008	97035	ULTRASOUND	11	1	1	35.00
07/15/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
07/15/2008	97035	ULTRASOUND	11	1	1	35.00
07/15/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
07/28/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
07/28/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
07/28/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
07/29/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
07/29/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
07/29/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
07/30/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
07/30/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
07/30/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
08/11/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
08/11/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
08/11/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
08/13/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
08/13/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
08/13/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
08/19/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
08/19/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
08/19/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
08/21/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
08/21/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
08/21/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
08/26/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00

CONTINUED

SUBTOTAL: 2,480.00

Sent By: CT HEALTH & INJURY;

Exhibit(s) Page 16 of 19

Aug-31-09 12:53PM;

Page 3/5

INS CHARGES ONLY

I T E M I Z E D S T A T E M E N T

CLAIM:

DATE: 08/31/2009

PATIENT: JOSEPH MATTEIS 116923
8 NOBLE ST
HAMDEN CT 06514

IRS#: 061412712

EMPLOYER:

POL#

DATE/INJ: 05/18/2008 GRP#

TO: ATTORNEY ALBERT WAMBOLT
P.O. BOX 2037
NORTH HAVEN CT 06473

OMNI PHYSICAL AQUATIC THERAPY CENTER
8 RESEARCH PARKWAY
WALLINGFORD CT 06492
203-294-1998 Fax:203-294-1189

DIAGNOSIS:

723.4

847.0

840.9

842.12

FC: INSURANCE

DATE OF LAST BILL: 04/30/2009 PR# 1487752770 ID# 050001202CT04

DATE	CPT	DESCRIPTION	* POS	TOS	#	AMOUNT
08/26/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
08/26/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
08/26/2008	99080	NARRATIVE REPORT FEE	11	1	1	250.00
08/26/2008	99213	RE-EXAMINATION - ESTABLISHED PATIENT	11	1	1	150.00
08/26/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
08/26/2008	97035	ULTRASOUND	11	1	1	35.00
08/26/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
12/26/2008	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
12/26/2008	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
12/26/2008	97010	HOT OR COLD PACKS	11	1	1	25.00
02/26/2009	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
02/26/2009	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
02/26/2009	97010	HOT OR COLD PACKS	11	1	1	25.00
04/22/2009	98940	CHIROPRACTIC MANIP 1-2 AREAS	11	1	1	60.00
04/22/2009	97032	INTERFERENTIAL - ATTENDED	11	1	1	35.00
04/22/2009	97010	HOT OR COLD PACKS	11	1	1	25.00

PROVIDER: ANTHONY LAVORGNA DC

TOTAL: \$ 3,420.00

BALANCE 08/31/2009: \$ 3,420.00

Omni Physical & Aquatic Therapy Center, Inc

Dr. Anthony A. LaVorgna

Telephone (203)288-1101
Facsimile (203)288-1106

Patient: Mattais Joseph Soc Sec: 048-80-7722 Policy: UNINSURED
Date of Birth: February 27, 1960 Our File #: 116923
Date of Injury: May 18, 2008 Case Type: Personal Injury
Diagnoses: 723.4 - Cervical - Radiolopathy § 847.0 - Cervical Strain / Sprain

Daily Treatment Notes

December 26, 2008

Neck Joe states he has been experiencing an increase in neck pain, left shoulder pain and left thumb pain. He states he pain has been moderate to severe and constant. This visit was not prescheduled. The patient was PRN; called today to be seen ASAP. Home therapies were administered without significant relief.

Cervical range of motion assessment revealed a 40 percent deficit. There was marked to severe restriction noted and mild to moderate pain was noted at end range. 1+spasm left rotator cuff muscles, pain in all planes of motion, +Apley's scratch test, +spasm left pollisus brevis and longis, pain on opposition.

Clinical evaluation of the neck included: Biomechanical Stress and Soft Tissue Integrity tests. Axial loading (Foramen Compression) produced mild to moderate pain. The pain travels into the shoulder. Fixation is palpated at C5, C6 and C7 with spasm and myofascial trigger points of the rotator cuff musculature.

The patient was treated today consistent with the prescribed treatment plan: C4 seated adjustment, interferential current, hot moist packs.

The patient to return twice per week during this flare up of pain.

February 26, 2009

Neck Joe enters today with moderate to severe left thumb pain. He states the past few days he has had severe pain.

Left thumb range of motion decreased with severe pain in opposition. 1+spasm left pollisus brevis.

The patient was treated today consistent with the prescribed treatment plan: Left thumb long axis adjustment, ultra-sound and hot moist packs. The patient's home instructions are re-enforced.

The patient to return in five days.

April 22, 2009

Omni Physical & Aquatic Therapy Center, Inc

Page 2

Patient: **Mattels Joseph**Policy: **UNINSURED**Date of Injury: **May 18, 2008**

Left Neck Joseph enters today stating he is having left side neck and shoulder pain. This visit was not prescheduled. The patient was PRN; called today to be seen ASAP. Home therapies were administered without significant relief.

Cervical range of motion evaluation(s) showed a marked loss. The patient experienced mild to moderate pain on end range. A loss of 30 percent was noted in all planes overall.

Assessment of the neck included: Biomechanical Stress and Soft Tissue Integrity tests. Axial loading (Foramen Compression) produced mild to moderate pain. The pain travels into the shoulder. Fixation is palpated at C5, C6 and C7 with spasm and myofascial trigger points of the rotator cuff musculature.

The patient was treated today consistent with the prescribed treatment plan: C5 supine long axis adjustment, interferential current, hot moist packs.

The patient states he is improved and will return prn.

*** RX REPORT ***

RECEPTION OK

RECIPIENT ADDRESS

2038745287

ST. TIME

08/31 11:50

TIME USE

00:02

PGS.

5

RESULT

OK